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CONNECTICUT SPEECH-LANGUAGE-HEARING ASSOCIATION, INC.

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RE: Senate Bill 202, AN ACT CONCERNING INSURANCE COVERAGE FOR HEARING AIDS.

To Senator Crisco, Representative Megna, and members of the Insurance and Real Estate Committee;

My name is Mallory Buckingham. I am a Speech Language Pathologist and the Vice President for Government Affairs for the CT Speech Language and Hearing Association (CSHA).

CSHA supports Senate Bill 202, AN ACT CONCERNING INSURANCE COVERAGE FOR HEARING AIDS. The current language would cover hearing aids for adults age 55 up to 64. There is a strong relationship between age and reported hearing loss: 18 percent of American adults 45-64 years old, 30 percent of adults 65-74 years old, and 47 percent of adults 75 years old or older have a hearing impairment. We would like to see the language say age 45, rather than 55, as this is the age when adult onset hearing loss begins.

But only 1 out of 5 people who could benefit from a hearing aid actually wears one, usually due to cost, as the average cost of a hearing aid is \$2,000. Your legislative effort is important and timely.

I'd like to point out that SB 202 bill could be strengthened further, by including language to extend the age of the current child hearing aid coverage mandate to include hearing aids for children, 13 to 18 years old. Currently, children birth to age 12 are covered. But from age 13 on, hearing aids must be paid for out of pocket.

Covering hearing aids for teenagers will be a significant benefit to CT's school aged children with hearing loss because there has been a very significant rise in hearing loss in teenagers over the last 20 years. Estimates are that 1 in 5 teenagers has a significant hearing loss. When insurance policies do not help cover the cost of hearing aids for students 13-18, it places an unfair cost burden on our public schools which are mandated to provide access to education for these students. The public schools are already overburdened with paying for the costs of special education and unfunded mandates.
<http://www.livescience.com/health/hearing-loss-teens-increases-100817.html>

A mandate for teenage hearing aid coverage will increase costs for health insurance companies, but remember that not treating hearing loss costs more. Special education for a child with hearing loss costs schools an additional \$420,000, and has a lifetime cost of approximately \$1 million per individual. (Self Help for the Hard of Hearing Facts on Hearing Loss in Children). The impact of untreated hearing loss is quantified to be in excess of \$100 billion annually. (Better Hearing Institute survey, "Impact of Untreated Hearing Loss on Household Income, August 2005)

RE: Health Insurance Mandate data from the Center for Affordable Health Care

In 2009, 14 States had mandates for hearing aids for minors; some states up to 12 years old, several up to 18 years of age and one up to age 27. The percentage cost to premiums is <1%. No states reported mandates for adults.

Last year, the committee worked to draft legislation that combined the language of a child and an adult mandate, from two separate bills. We would like to see the language in SB 202 extend the current hearing aid mandate to include children 13 to 18 years old, and lower the age for the adult mandate to align with the data on when hearing loss in adults begins; age 45.

CSHA thanks this committee for your continued effort to help all citizens of Connecticut who experience hearing loss. We would be happy to answer any questions and help the committee members in any way.

Sincerely,

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SB 202 Hearing Loss Fact Sheet

Facts on Hearing Loss in Adults

- One in every ten (28 million) Americans has hearing loss. As baby boomers reach retirement age starting in 2010, this number is expected to rapidly climb and nearly double by the year 2030.
- The prevalence of hearing loss increases with age, up to 1 in 3 over age 65. Most hearing losses develop over a period of 25 to 30 years.
- Among seniors, hearing loss is the third most prevalent, but treatable disabling condition, behind arthritis and hypertension.
- While the vast majority of Americans (95%) with hearing loss could be successfully treated with hearing aids, only 25 % (6.35 million individuals) currently use them. Only 5% of hearing loss in adults can be improved through medical or surgical treatment.

Graph taken from

National Center on Hearing Assessment and Management.

<http://www.infanthearing.org/research/summary/prevalence.html> .

Facts on Hearing Loss in Children

- Everyday in the United States, approximately 1 in 1,000 newborns (or 33 babies every day) is born profoundly deaf with another 2-3 out of 1,000 babies born with partial hearing loss, making hearing loss the number one birth defect in America. ¹
- Newborn hearing loss is 20 times more prevalent than phenylketonuria (PKU), a condition for which all newborns are currently screened.²
- Of the 12,000 babies in the United States born annually with some form of hearing loss, only half exhibit a risk factor – meaning that if only high-risk infants are screened, half of the infants with some form of hearing loss will not be tested and identified.³ In actual implementation, risk-based newborn hearing screening programs identify only 10-20% of infants with hearing loss.⁴ When hearing loss is detected beyond the first few months of life, the most critical time for stimulating the auditory pathways to hearing centers of the brain may be lost, significantly delaying speech and language development.
- Only 69% of babies are now screened for hearing loss before 1 month of age (up from only 22% in 1998). Of the babies screened, only 56% who needed diagnostic evaluations actually received them by 3 months of age. Moreover, only 53% of those diagnosed with hearing loss were enrolled in early intervention programs by 6 months of age.⁵ As a result, these children tend to later re-emerge in our schools' special education (IDEA, Part B) programs.
- When children are not identified and do not receive early intervention, special education for a child with hearing loss costs schools an additional \$420,000, and has a lifetime cost of approximately \$1 million per individual.⁶

